Fill in this informat	tion to identify your cas	e:	
Debtor 1	Kevin Russel	l Morrissey	
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court for the:		EASTERN DISTRICT OF PENNSYLVANIA, READING DIVISION	
Case number (If known)	4:19-bk-15071		Check if this is:  ■ An amended filing □ A supplement showing postpetition chapter 13
Official Fo	rm 106l		income as of the following date:

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Long Shoreman Medical Assistant** Include part-time, seasonal, or American Petroleum & self-employed work. Lehigh Valley Health Network Employer's name Transport, Inc. Occupation may include student or homemaker, if it applies. **Employer's address** 1 Serviceberry Ct 1200 S Cedar Crest Blvd Miller Place, NY 11764-3046 Allentown, PA 18103-6202 How long employed there? 7 months 33 years

Give Details About Monthly Income Part 2:

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse 6,160.00 2.844.05 3. 0.00 29.17

2,873.22

6,160.00

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Debt	tor 1	Morrissey, Kevin Russell		Case number (if known)	4:19-bk-15071		
	Сор	y line 4 here	4.	For Debtor 1 \$ 6,160.00	For Debtor 2 or non-filing spouse \$ 2,873.22		
5. List all payroll deductions:					2,010.22		
	5a. 5b. 5c. 5d. 5e. 5f.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations	5a. 5b. 5c. 5d. 5e. 5f.	\$ 870.57 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 398.76 \$ 0.00 \$ 50.90 \$ 0.00 \$ 0.00		
	5g. 5h.	Union dues Other deductions. Specify: Dental  Medical  Life & AD & D  South Whitehall LST  Unemp Tax	5g. 5h.+ —	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 + \$ 66.02 \$ 168.68 \$ 3.06 \$ 4.33 \$ 1.73		
		Life Insurance SUPP Life Ins Life & AD&D	_ _ _ _	\$ 0.00 \$ 0.00 \$ 0.00	\$ 15.34 \$ 3.84 \$ 0.24		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 870.57	\$ 712.90		
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$5,289.43	\$\$		
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	8a. 8b. 8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00		
	8h.	Other monthly income. Specify: IRS refund	— <sup>8h.+</sup>	\$300.00	+ \$		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$300.00	\$0.00		
10.	<ul> <li>Calculate monthly income. Add line 7 + line 9.</li> <li>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</li> </ul>		10. \$	5,589.43 + \$	2,160.32 = \$ 7,749.75		
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00							
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.  \$ 7,749.75						
13.	monthly income    3. Do you expect an increase or decrease within the year after you file this form?  □ No.						

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Yes. Explain:

Current income is down due to less available work and lay off in beginning of 2020.